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REVOCATION OF POWER OF  
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AND  
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Application Number	10040,156
Filing Date	12-19-2001
First Named Inventor	McGregor, Travis
Art Unit	2635
Examiner Name	AU, SCOTT D
Attorney Docket Number	23758.00120

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number: ☐ Please change the correspondence address for the above-identified application to:☐ The address associated with  
Customer Number: 

OR

☒ Firm or  
Individual Name C. Bart Sullivan

Address 1543 Sherman Dr.

City Benicia

State CA

Zip 94510

Country United States

Telephone (707) 746-1782

Fax (801) 640-3947

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)

SIGNATURE of Applicant or Assignee of Record

Signature 

Name

Travis McGregor

Date

09.28.04

Telephone

415-925-1374

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 3 forms are submitted.

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**REVOCATION OF POWER OF  
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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/040,158
Filing Date	12-19-2001
First Named Inventor	McGregor, Travis
Art Unit	2635
Examiner Name	AU, SCOTT D
Attorney Docket Number	23758.00120

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Customer Number:

OR

☒ Firm or  
Individual Name

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City

Berinda

State

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Country

United States

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(707) 748-1762

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Date

Telephone

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**REVOCATION OF POWER OF  
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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/040,158
Filing Date	12-19-2001
First Named Inventor	McGregor, Travis
Art Unit	2835
Examiner Name	AJ. SCOTT D
Attorney Docket Number	23758.00120

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number: ☐ Please change the correspondence address for the above-identified application to:☐ The address associated with  
Customer Number: 

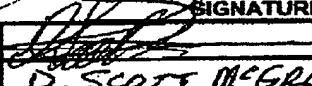
OR

<input checked="" type="checkbox"/> Firm or Individual Name	C. Bart Sullivan				
Address	1543 Sherman Dr.				
City	Benicia	State	CA	Zip	94510
Country	United States				
Telephone	(707) 748-1762	Fax	(801) 640-3947		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	D. SCOTT MCGREGOR		
Date	SEPT 30, 2004	Telephone	360-612-0176

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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**POWER OF ATTORNEY  
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 INDICATION FORM**

Application Number	10/040,156
Filing Date	12-18-2001
First Named Inventor	McGregor, Travis
Title	Bio-metric smart card, bio-metric smart card reader, and method of use
Art Unit	2635
Examiner Name	AJ, SCOTT D
Attorney Docket Number	23758.00120

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
C. Bart Sullivan	41,516

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

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☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	C. Bart Sullivan				
Address	1543 Sherman Dr.				
Address					
City	Benicia	State	CA	Zip	94510
Country	United States				
Telephone	707-748-1762	Fax	801-640-3947		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record** (If assignee, put name, title and company name in the "Name" space below)

Name	Travis McGregor				
Signature	<i>[Signature]</i>				
Date	09.28.04	Telephone	415.925.1374		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY  
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 CORRESPONDENCE ADDRESS  
 INDICATION FORM**

Application Number	10/040,156
Filing Date	12-19-2001
First Named Inventor	McGregor, Travis
Title	Bio-metric smart card, bio-metric smart card reader, and method of use
Art Unit	2835
Examiner Name	AU, SCOTT D
Attorney Docket Number	23758.00120

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C. Bart Sullivan	41,516

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<input checked="" type="checkbox"/> Firm or Individual Name	C. Bart Sullivan		
Address	1543 Sherman Dr.		
Address			
City	Benicia	State	CA
Country	United States	Zip	94510
Telephone	707-748-1762	Fax	801-640-3947

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/66)

SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

Name	CHRISTOPHER MCGREGOR		
Signature	<i>[Signature]</i>		
Date	9/29/04	Telephone	650 324 3535

NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	
Application Number	10/040,156
Filing Date	12-19-2001
First Named Inventor	McGregor, Travis
Title	Bio-metric smart card, bio-metric smart card reader, and method of use
Art Unit	2635
Examiner Name	AU, SCOTT D
Attorney Docket Number	23756.00120

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Name	Registration Number
C. Bart Sullivan	41,518

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<input checked="" type="checkbox"/> Firm or Individual Name	C. Bart Sullivan				
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Country	United States				
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)

SIGNATURE OF Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

Name	D. SCOTT MCGREGOR		
Signature	<i>[Signature]</i>		
Date	SEPT. 30, 2004	Telephone	860-617-0176

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